

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY FOUNDATIONS & SUPPORT
FOUNDATION FOR FAMILIES UNIT**

REQUEST FOR A SPEAKER/EXHIBITOR

MDHS Office Use Only:

Referred to: _____

Date: _____

Date Confirmation Received: _____

Comments: _____

**To schedule a presentation for your organization, please complete the following:
(Please print or Type)**

Organization Name: _____

Address: _____

Please select the type of presentation(s) you want:

☐ Abstinence-Until-Marriage ☐ Parenting

Please select the type of event:

☐ School Assembly ☐ Health Fair ☐ Workshop ☐ Other _____

Theme for the Event (If applicable) _____

Please select type of service requested for the event:

☐ Speaker ☐ Exhibitor ☐ Panelist ☐ Other _____

Date of Presentation: _____ Time of Presentation: From _____ To _____

CONTACT PERSON INFORMATION:

Name: _____

Position: _____

Phone Number: _____

Email Address: _____

PARTICIPANT INFORMATION:

Number of participants: _____ Participants' age range: From _____ To _____

Group composition: ☐ All Females ☐ All Males ☐ Females and Males

Comments: _____

You may fax, mail, or email this form to:

FAX NUMBER:

(601) 359-4415

MAILING ADDRESS:

Mississippi Department of Human Services

Division of Family Foundation & Support

Foundation for Families Unit

P.O. Box 352

Jackson, MS 39205

Email: foundationforfamilies@mdhs.ms.gov

If you have any questions, please call the Foundation for Families Unit at 1-800-590-0818. Thank you for your interest in building a stronger Mississippi.